PATENT

COPY

ATTORNEY DOCKET NO. ACBI.028.01US

COMBINED INVENTOR DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Multiple Array Microfluidic Device Units

Multiple Array Microfidial Device Units					
the specification	of which				
(check or	[] ne) []	Is attached hereto. Was filed on and has b	een assigne	ed Serial Nun	nber
	[X]	Was filed on April 25, 2000 as ACBI.028.01US.	Attorney D	ocket No.	
I hereby state the specification, inc	at I have revi cluding the c	ewed and understand the content laims, as amended by any amend	s of the abo	ve-identified ed to above.	
this application a such information	as defined in 1 under 37 C	sclose all information known to n Title 37, Code of Federal Regula FR § 1.56 which became availab e prior application and the filing	itions, §1.5 le between	6 and, if appli the national o	icable, all
application(s) fo	r patent or it on for paten	ty benefits under Title 35, United nventor's certificate listed below at or inventor's certificate having a v is claimed:	and have als	so identified b	elow any
Prior Foreign	Application(s)	Priority	Claimed	
(number)	(Country)	(Day/Month/Year Filed)	[] Yes	[] No	
Prior Foreign Application(s)			Priority Claimed		
(number)	(Country)	(Day/Month/Year Filed)	[] Yes	[] No	

Prior Foreign Application(s)			Priority Claimed	
(number)	(Country)	(Day/Month/Year Filed)	[] Yes	[] No

I hereby claim the benefit under Title 35, United States Code, §119e of any United States application(s) listed below:

60/059,333 September 19, 1997 Pending (Application Serial No.) (Filing Date) (Status)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112 I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

09/153,814	September 15, 1998	Pending
(Application Serial No.)	(Filing Date)	(Status)
(Application Serial No.)	(Filing Date)	(Status)

(Application Serial No.) (Filing Date) (Status) * designating the U.S.

I hereby appoint:

BARBARA RAE-VENTER, Ph.D., Reg. No. 32,750 BERTRAM I. ROWLAND, Ph.D., Reg. No. 20,015 JENNIFER WAHLSTEN, Ph.D., Reg. No. 46,226 ROCHELLE A. GIBBONS, Ph.D., Reg. No. 45,611

as my attorneys or agents with full power of substitution and revocation to prosecute my above-identified application for Letters Patent and to transact all business in the Patent Office connected therewith.

Direct all telephone calls to Barbara Rae-Venter, Ph.D. at (650) 328-4400.

Address all correspondence to:

Bertram I. Rowland, Ph.D. Rae-Venter Law Group, P.C. P. O. Box 60039 Palo Alto, California 94306-0039 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

full name of sole or fu	est inventor:
Inventor's signature:	Torleif Ove Bjornson Jord Bynn
Date:	5/30/ro
Residence:	7030 Daniel Court, Gilroy, CA 95020, U.S.
Citizenship:	Sweden
Post Office Address:	same as above
Full name of second joint Inventor's signature:	int inventor, if any: Timothy F. Smith
Date:	
Residence:	1014 Palisade Court, Martinez, CA 94553
Citizenship:	USA
Post Office Address:	same as above
Full name of third joint	inventor, if any:
Date:	
Residence:	
Citizenship:	
Post Office Address:	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or fir	st inventor:
Inventor's signature:	Torleif Ove Bjornson
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Citizenship:	USA
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Full name of third join	t inventor, if any:
Inventor's signature:	
Date:	
Residence:	
Citizenship:	
Post Office Address:	